## UNIFORM HAZARDOUS WASTE MANIFEST

744 P Street Sacramento, CA 95814

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TORRANCE, CA. 90502									
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EST COVINA, CA. 91793								- 14 14	
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				CONC.	RANG	E	UN	ITS	
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							تم		
2. SODIUM ALUMINATE		-		6			<u> </u>	<del> </del>	
3. SULFUR	*	*.	· ·	6 80		•	% *		
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Facility owner or operator: Certification of receipt of hazardous waste cov	vered by this ma	nifest e	except as noted		<del></del>	CEIVED	_	$\overline{}$	
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## UNIFORM HAZARDOUS WASTE MANIFEST

CONFORMER OF CONTAINER NO. CALIFORNIA DOLLESS  DOUBLES A RECRET COMPANY 190th & KOMPANDIE TERRANCE, CA. 90502  AREA CODE/PROVES COMPANY 1756 A REA STREET  LOS ANGELES, CA. 90058  TRANSPORTER NO. CALIFORNIA TSD FACILITY  ETATION OF CONTAINER NO. CALIFORNIA TSD FACILITY  COMPONENTS  CIA DIO IS 16.15.15.11.0.10.10.15.16.14.16.11.11  ETATION OF CONTAINER NO. CALIFORNIA TSD FACILITY  CONTAINER NO. CALIFORNIA TSD FACILITY  COMPONENTS  CIA DIO IS 16.16.16.14.16.11  ETATION OF CONTAINER NO. CALIFORNIA TSD FACILITY  CIA DIO IS 16.16.16.14.16.11  ETATION OF CONTAINER NO. CALIFORNIA TSD FACILITY  CONTAINER NO. CALIFORNIA TSD FACILITY  CALIFORNIA TSD FACILITY  CALIFORNIA TSD FACILITY  CALIFORNIA TSD FACILITY  CIA DIO IS 16.16.16.16.16.16.16.16.16.16.16.16.16.1		o, CA 95814	TRAKS 206 & 208	***		STATE ID N	UMBER	83052	367		
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OTL PROCESS COMPANY  9756 ALDA STREET  LOS AMGELES, CA. 90058  TRANSPORTER NO. 2/ALTERNATE TSD FACILITY  KETILINEN HILLS  4344 N. GALE  COALINGA, CA.  THEATMENT, STORAGE OR DISPOSAL (TSD) FACILITY  BKK LAMDTILL  2210.3: ATTERNATE OF THE THE TRANSPORTER AND THE TRANS		AREA CODE/PHONE NUMBER (213)	) 533-7612	· · · · · · · · · · · · · · · · · · ·					IMBER		
RETILEMEN HILLS 4344 N. GALE COALINGA, CA.  TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  BKK, LANDTILL 2015, ZUSA AVE. MEST COMPANIES. MEST		OIL PROCESS COMPANY 5756 ALBA STREET			VEH.,	L L L L					
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  BKR LANDFILL  WEST COVERAGE, 91793  AREA CODE/PROPERSIAMER  PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS  U.N.NA  NUMBER  TOTAL  WASTE  PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS  U.N.NA  NUMBER  CIA ID IO IS 17.17 IS IG 17.  WASTE  WASTE  PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS  U.N.NA  NUMBER  COMPONENTS  COMC. RANGE  U.N.T.  COMPONENTS  COMC. RANGE  U.N.T.  COMPONENTS  COMC. RANGE  U.N.T.  COMPONENTS  COMC. RANGE  U.N.T.  COMC. RANGE  U.N.T.  L. SODIUM HYDROXIDE  8  S.  S.  S.  S.  S.  S.  S.  S.  S.		KETTLEMEN HILLS 4344 W. GALE	D FACILITY		VEH.	CONTAINER N					
229 S. TISS AVE.  WEST COVING. CA. 91793  AREA CODE/PROPER U.S. DIO.T. SHIPPING NAME AND HAZARD CLASS  PROPER U.S. DIO.T. SHIPPING NAME AND HAZARD CLASS  SODIUM HYDROXIDE SOLUTION  CORROSIVE U.N. 1 18 2 4 V P P G II CIT 12 12 12  COMPONENTS  COMPONENTS  COMPONENTS  COMPONENTS  COMPONENTS  COMPONENTS  CONC. RANGE UNIT 12 12 12  UNIT 18 12 14 V P P G II CIT 12 12 12  COMPONENTS  COMPONENTS			L (TSD) FACILITY				CIA				
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COMPONENTS  CONC. RANGE UPPER LOWER  1. SODIUM HYDROXIDE  2. SODIUM ALUMINATE 3. SULFUR 4. WATER 3. SULFUR 4. WATER  SPECIAL HANDLING INSTRUCTIONS GLOVES, GOGGLES - MAY CAUSE SEVERE BURNS  This is to certify that the above-named wastes are properly classified, described, backaged, marked and labeled, and are in proper good in proper good in the pendiction for transportation according to the applicable requirements of the Department of Transportation  MO. DAY Y Printed or typed full name and signature DOROTHY STOUT  Check if continuation sheet is used. Number of continuation sheets  TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  Printed or typed full name and signature  TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  DATE MO. DAY Y Printed or typed full name and signature  TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  DATE MO. DAY Y Printed or typed full name and signature  DISCREPANCY INDICATION SPACE  Facility owner or operator: Cprtification of feating of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste  EPA ID NUMBER  MO. DAY Y ACCEPTED  DATE RECEIVED &	Y GEN	PROPER U.S. D.O.T. SHIPPING NA	ME AND HAZARD CLASS				UNIT	CONTAINER	WASTE DIS		
CONC. RANGE UPPER LOWER *  1. SODIUM HYDROXIDE  2. SODIUM ALUNINATE  3. SULFUR 4. WATER  SPECIAL HANDLING INSTRUCTIONS GLOVES, GOGGLES - MAY CAUSE SEVERE BURNS  This is to certify that the above-named wates are properly classified, described, backaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the Effa.  Printed or typed full name and signature DOROTHY STOUT  Check if continuation sheet is used. Number of continuation sheets  TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  Printed or typed full name and signature  TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  DATE MO. DAY Y REC'D & Printed or typed full name and signature  DISCREPANCY INDICATION SPACE  Facility owner or operator: Cprification of facility of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TaDF must complete waste  EPA ID NUMBER  MO. DAY Y REC'D & MO. DAY Y	8 N	SODIUM HYDROXIDE SOLUTION	N CORROSIVE	U  N  1  8	2 4	1800	G	12	1  2  2		
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3. SULFUR 4. WATER  SPECIAL HANDLING INSTRUCTIONS GLOVES, GOGGLES - MAY CAUSE SEVERE BURNS  This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.  Printed or typed full name and signature DOROTHY STOUT  Check it continuation sheet is used. Number of continuation sheets  TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  Printed or typed full name and signature  TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  DATE MO. DAY Y  REC'D  ACCEPTED  DISCREPANCY INDICATION SPACE  TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  DATE MO. DAY Y  ACCEPTED  DISCREPANCY INDICATION SPACE  TO DISCREPANCY INDICATI		1. SODIUM HYDROXIDE					8		*		
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